



October is National Breast Cancer Awareness Month

Organizations and individuals across the country are donning pink ribbons as they prepare to observe National Breast Cancer Awareness Month during October.

Although breast cancer issues are being tackled year-round, special emphasis is given to educating women and their families about this disease every October. A great deal of progress has been made in detecting and treating breast cancer, but there is still much work to be done in order to eradicate this disease.

This year in Indiana, it is estimated that 4,600 women will be diagnosed with breast cancer and 900 Hoosier women will die from this disease.

All women over age 40 should get a screening mammogram and a clinical breast exam each year. Practicing monthly breast self-exams is also a

healthy habit for women of all ages.

Unfortunately, there are many women who do not take advantage of these early detection methods. Women of racial and ethnic minorities as well as women with low incomes and women living in rural areas are just a

few of the groups that are under-screened for breast cancer. One reason that women may not access annual cancer screenings is that they do not have medical insurance or their insurance will not cover mammograms, and they

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CIRCLE-CENTER ARTSGARDEN, Indianapolis, glows with pink lights during October 1 event to kick off Breast Cancer Awareness Month. Medical providers across the state are partnering with the ISDH Breast and Cervical Cancer Program so that eligible women who meet age and income requirements are not more than a one-hour drive from a site where free screenings will be provided.

Article and photos by Tanya Hammer, BCCP Public Education Coordinator



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State Health Officials Announce Fifth Possible West Nile Virus Death

On September 27, state health officials identified an Allen County individual as the fifth possible West Nile virus death in Indiana.

Health officials say this individual was between 50 and 60 years of age.

This individual is one of 31 new probable human cases of West Nile virus, bringing to 157 the total number of probable or confirmed human cases in Indiana. Officials say that further tests will be needed to determine if the death was caused by West Nile virus.

"Everyone needs to remember that there are still mosquitoes out, and they're still biting," said State Health Commissioner Gregory Wilson, M.D. "We still need to take precautions for West Nile virus."

"We expect to see a significant number of cases of West Nile virus through the month of October," Dr. Wilson said. "We will not see a significant decline in the number of cases

until we have a good, hard frost that kills many of the mosquitoes."

The ages of the probable cases announced today range from 17 to 82 years of age.

These cases have tested presumptively positive in two separate tests at the State Laboratories. The specimens have been sent for confirmation testing to the laboratory at the Centers for Disease Control and Prevention (CDC). Confirmation from the CDC is still pending on other probable Indiana cases.

Mike Sinsko, Sanitary Engineering, has been overseeing the State Department of Health's efforts to trap and test mosquitoes for West Nile virus. He said, "Regardless of the site or the weather conditions, adult mosquitoes are still active. They are not only looking for blood meals, but gravid female Culex are also looking for breeding sites. They do not appear ready to quit."

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AMONG THE SPEAKERS AT THE ARTSGARDEN KICK OFF of Breast and Cervical Cancer Month, State Health Commissioner Greg Wilson, M.D. (left) welcomes attendees. Martha Bonds, Office of Minority Health (center left), speaks about her successful fight against cancer before giving the signal to turn on the symbolic pink lights to start the month-long campaign. Indianapolis First Lady Amy Peterson (center right) reminds women about the importance of early detection and acknowledges the many helpful programs available in Indiana, and Maria Wilson (right), another cancer "conqueror," expresses her appreciation for the programs that assisted her during her struggle with cancer.

Photos by Tanya Hammer

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simply cannot afford to pay for these important tests.

However, the Indiana State Department of Health's Breast and Cervical Cancer Program (BCCP) can pay for clinical breast exams, mammograms, and some breast diagnostic tests, as well as Pap tests, for Indiana women who meet certain age and income requirements. The BCCP focuses primarily on women aged 50-64 for breast screenings.

Women with a household income at or below 200 percent of the federal poverty level (that would be an annual income of just over \$36,000 for a family of four) would meet the income guidelines for the BCCP. Women who meet these guidelines and do not have insurance or have insurance that does not

cover these screenings may qualify for the program. Women with Medicare or Medicaid coverage are not eligible for the BCCP.

Medical providers across the state are partnering with the BCCP, so that eligible women are not more than a one-hour drive from a screening site.

The BCCP will be participating in numerous events throughout the month to inform eligible women about these free screenings:

A special event was held at the Indianapolis Artsgarden on Tuesday evening, October 1, to kick off Breast Cancer Awareness month. This glass structure was illuminated in pink lights in an effort to raise awareness.

The BCCP will be part of the Indiana Care Force screening days that will be held this month in nine counties

Immunization Awards Recognition Conferences Scheduled for October 21-25

The ISDH Immunization Program has scheduled three regional Immunization Awards Recognition Conferences to be held in Indiana on October 21, 23, and 25.

The northern conference will be held in Syracuse, IN at the Oakwood Inn on Oct. 21. The southern conference is scheduled for Clarksville at the Holiday Inn Lakeview, Oct. 23. The central Indiana conference will be held at the University Inn, W. Lafayette, Oct 25.

Interested persons are welcome but must register to attend. Contact Sharon McGovern 317-847-7368 to register and for additional information.

across the state. The Indiana State Department of Health and the Indiana Air National Guard organize this annual event.

The BCCP will also take part in the American Cancer Society's Making Strides Against Breast Cancer walk on Sunday, October 20, in downtown Indianapolis.

For a complete listing of covered services, eligibility requirements, participating providers, or the calendar of upcoming events, contact the Indiana Family Helpline at 1-800-433-0746 (V/TDD) or access the BCCP Web site, at <http://www.in.gov/isdh> (click on Public Health Programs and then on Breast and Cervical Cancer Program).

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State health officials recommend taking the following precautions:

- Use an insect repellent that contains DEET. Look for N,N-diethyl-m-toluamide or, sometimes, N,N-diethyl-3-methylbenzamide.
- Wear shoes, socks, long pants, and long sleeves when outdoors for extended periods of time or from dusk to dawn, when mosquitoes are most active.
- Eliminate areas of standing water available for mosquito breeding in or near your property, including old tires, cans, plastic containers, ceramic pots, or other unused containers that can hold water.
- Repair failed septic systems.
- Clean clogged roof gutters, particularly if leaves tend to plug up the drains.
- Aerate ornamental pools, or stocking them with predatory fish.

West Nile virus can only be transmitted to a human by a mosquito that has first bitten an infected bird. A person who

is bitten by an infected mosquito may show symptoms from 3 to 15 days after the bite.

Most people who get infected with West Nile virus will have either no symptoms or mild symptoms. A few individuals will have a more severe form of the disease, encephalitis (inflammation of the brain) or meningitis (inflammation of the tissues that cover the brain and spinal cord).

You should see a doctor immediately if you develop symptoms like these:

- high fever,
- severe headache,
- neck stiffness,
- muscle weakness or paralysis,
- nausea or vomiting,
- sore joints, or
- confusion.

Daily updates on positive test results for West Nile virus and a virus surveillance map are available on the State Department of Health's Web site, at <http://www.in.gov/isdh>, by clicking on the image in the center of the page.

Too Sweet for Your Own Good Conference Scheduled for November 2

Too Sweet for Your Own Good is a free conference being held primarily for persons with diabetes to help them manage their disease more effectively.

The Saturday, November 2, 2002 all-day conference is sponsored by Bayer Diagnostics and Novo Nordisk Pharmaceuticals, together with the Indiana State Department of Health Office of Minority Health, and will be held at the University Place Conference Center and Hotel at IUPUI, 850 West Michigan Street, Indianapolis.

Registration starts at 7:30 a.m., followed by a welcoming address by State Health Commis-



Conference Brochure

sioner Greg Wilson, M.D. at 8:30 a.m.

Five breakout sessions are scheduled during the day with specialized attention devoted to foot care and foot screenings; preventing diabetic retinopathy; knowing the significance of numbers like blood pressure, cholesterol, triglycerides, HDL, LDL, and microalbumin; exploring the myths and conquering the fears of insulin therapy; monitoring and controlling blood sugar; and preventing kidney failure.

Registrations must be received by October 18. To register, and for more information call 317-233-8499.

Indiana's 2000 Asthma Behavioral Risk Factor Surveillance Report Cited by CDC

Linda Stemnock, who is ISDH's coordinator for Indiana's Behavioral Risk Factor Surveillance System (BRFSS) survey program, says that the Centers for Disease Control and Prevention (CDC) is planning to include a reference to the ISDH asthma 2000 BRFSS survey report, *Asthma Prevalence in Indiana*, in its forthcoming updated booklet, *BRFSS in Action: Turning Information into Health*. The asthma report



STEMNOCK

Photo by Daniel Axler

was developed from Indiana BRFSS program data, which is collected to measure the prevalence of behaviors among Hoosiers age 18 and older associated with premature morbidity and mortality. The BRFSS survey collects data on an array of health risk areas, including asthma, that are not required to be

statutorily reported and collected by ISDH's Epidemiology Resource Center.

The purpose of collecting the survey data is to help determine where public health disease and injury prevention intervention efforts may be needed.

Since 2000, the CDC has encouraged all state health departments to report tabular asthma data but does not require a narrative report.

ISDH's asthma report is distinctive because Indiana, so far, has been the only state mentioned on CDC's BRFSS internet listserve as having prepared a stand-alone narrative report on its BRFSS asthma data.

ISDH's asthma report contains interpretive graphs and narrative on cross tabulated database survey results developed by ISDH's data analysis team in the Epidemiology Resource Center. Cross tabulations can be run to support the need for research, sought by ISDH's various programs.

Indiana's BRFSS asthma report provides an overview of asthma and comparative prevalence rates for both the U.S. and Indiana.

The Indiana asthma report shows differences among age groups of those responding to survey questions. In 2000, 20.4 percent of all respondents in the 18-to 24-year-old age group responded "yes" to the question "Have you ever been told you have asthma?", compared to the next highest age group with only 10.2 percent.

Differences in asthma prevalence rates were also associated with differences in income, race, gender, body mass index (BMI), and smoking habits. Asthma rates were higher for blacks, for those with individual incomes of \$15,000 or less, for those with high BMI's, and for smokers.

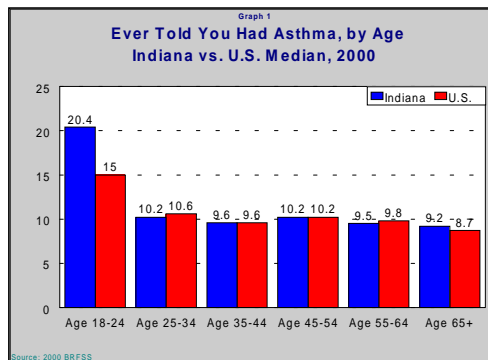
Stemnock says that questions about asthma form one of 18

core question sections that were mandated in the 2000 BRFSS survey. Other core sections include questions on: health status, health care access, exercise, fruits and vegetables, diabetes, oral health, immunization, tobacco use, alcohol consumption, seat belts, demographics, family planning, women's health, prostate cancer screening, colorectal cancer screening, HIV/AIDS, and firearms.

Optional question modules, which states may choose to use or not use as part of their survey, include

hypertension awareness, cholesterol awareness, physical activity, healthy days, quality of life, health care coverage and utilization, adult asthma history, childhood asthma, heart attack and stroke, cardiovascular disease, weight control, folic acid, tobacco indicators, other tobacco products, and arthritis. Stemnock says the number of optional question areas included in the survey is dictated by overall length of an interview. Most people refuse to be interviewed longer than 20 minutes according to Stemnock, thus limiting the number of questions asked.

The full 2000 Indiana BRFSS report may be found on the internet at: www.IN.gov/isdh, by clicking on Data and Statistics and then Health Behavior Risk Factors.



2000 BRFSS SURVEY graph shows the self-reported asthma diagnostic rate for Hoosier 18-24 year olds at twice the rate for any other age group.

Cage, Katter, Stamm Leave ISDH



DEPARTING LEADERS Chris Stamm, assistant commissioner, Operational Services (left, left photo), and Hazel Katter, Local Liaison Office (left, right photo), receive awards at receptions held in their honor. State Health Commissioner Greg Wilson, M.D., presents the State Health Commissioner Award to Stamm (left) and the Sagamore of the Wabash Award, on behalf of Governor Frank O'Bannon, to Katter. Marilyn Cage, ISDH liaison to the State Legislature, who resigned to assume a new appointment in a similar position with the Indiana Bureau of Motor Vehicles, was unavailable to attend a reception scheduled to be held in her honor.

Photos by Daniel Axler

Chris Stamm leaves ISDH after serving as assistant commissioner, Operational Services, since the summer of 2001, and as director of the Office of Primary Care in the Public Health Service Commission, having arrived at ISDH in March of 1998. His last day of work at ISDH was September 30.

At a reception held on September 24 to recognize Stamm's accomplishments and service to ISDH, State Health Commissioner Greg Wilson M.D. presented Stamm with the State Health Commissioner Award.

During the past two years, Stamm has been active as an educator at the University of Indianapolis, and the Indianapolis Institute of Technology. Previously he served as a supervisor for several years at a local community mental health center and before that as a manager at Visiting Nurse Services, Inc.

In 2000, Stamm worked on legislative affairs and received the State Health Commissioner Award for making a strong and successful case for public health funding when summoned by the General Assembly in the dwindling hours of the 1999-2000 session.

Hazel Katter, director of the Local Liaison Office, is leaving the State Department of Health after 40 years of service to nursing and public health with the last of more than eight of those years spent at the Indiana State Department of Health. Katter started



at ISDH in 1994 as chief nurse consultant to serve as liaison to the nurse managed clinics. At the time there was only one. In a reception on September 25 held to celebrate her retirement, Katter received a Sagamore of the Wabash from Governor O'Bannon, presented by State Health Commissioner Greg Wilson, M.D. Special awards were also presented by others with whom Katter has worked and who expressed their appreciation for Katter's warmth, caring assistance, and successful persistence in bringing to life a number of projects to better serve the health care needs of rural Hoosiers.

Virginia Caine, M.D., Marion County Health Officer, reminisced about Katter's start in nursing in Indianapolis at the Bell Flower Clinic.

Charles Hall, Orange County Commissioner, presented Katter with a plaque naming her an "honorary citizen" of Orange County, in appreciation for Katter's involvement in helping to bring an Emergency Preparedness Integrated Community Solutions (EPICS) project to his county.

Frank Shelton, executive director, Indiana Rural Health Association, presented Katter with a plaque designating her as a lifetime member of the Indiana Rural Health Association, the organization that Katter was instrumental in founding to bring Indiana rural public health care workers together to share their successes and learn of new approaches

to improved rural health care.

Jo Brooks, who heads the nursing program at Purdue University, also presented a plaque to Katter, recognizing her for her hard work to help expand the nurse managed clinic network throughout rural Indiana. There are now 23 clinics that have been seeded with money administered by the Indiana State Department of Health, most of which are now supported by other funding sources.

Marilyn Cage who served as ISDH legislative liaison to lawmakers has left ISDH to assume a similar legislative liaison position for the Indiana Bureau of Motor Vehicles.

Cage's job at ISDH involved providing information to lawmakers and their assistants. She answered lawmakers' constituent questions and worked closely with ISDH administrators and directors on legislative issues. Cage came to ISDH in January 1998. As a reflection of the high esteem in which she was held at ISDH, she was nominated for the Deputy State Health Commissioner's "Together We Can" award in February 2002 for her "tireless efforts in past and present legislative sessions."

Two other staff departing in September, noted for long years of service to ISDH, are **Marian Arney**, Finance, with 10 years at ISDH and 29 years in state government, and **Helen Schwartzel**, Maternal and Child Health, with 30 years devoted to the Indiana State Department of Health.



Indiana State
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Express

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Public Health Preparedness and Bioterrorism Grant to Impact Local Health Departments

Focus Area A

Preparedness Planning and Readiness Assessment

Coordinator: Roland Gamache

Planning and assessment is continuing its progress toward meeting the goals of the CDC and HRSA grants for the improvement of public health infrastructure and emergency response. The department has completed three of the seven critical benchmarks described in the grant, and is making good progress towards the completion of the remaining critical benchmarks.

The main objectives of the three completed critical benchmarks are itemized below. The state has hired a senior official for the position of Public Health Preparedness and Emergency Response. The Advisory Committee is formed and the first meeting of this group occurred on June of 2002. Third, the timeline for the assessment of public health preparedness and response has been completed.

The major portion of work has been completed for each of the remaining critical benchmarks. Our legal department has completed an initial review of the statutes and rules in the state related to emergency preparedness. The focus is now on completing the review of local and jurisdiction regulations. The State Department of Health is working closely with State and Emergency Management, and C-TASC on state plans for emergency response.

Surveys of public health entities continue. Nearly all local health departments are now registered for the Department of Justice survey. Sixty-four departments have completed the survey, and many others are ready to submit their results. In addition, completed surveys in the areas of risk communication, information technology and training for local health departments are being compiled for planning at the state, regional, and local levels. A separate assessment of hospital capabilities is currently occurring in the state.

Planning for the National Pharmaceutical Supply (NPS) is continuing. Standard Operating Procedures for the receipt and dispersal of the NPS package are being written. Several drafts of these procedures are completed and scheduled for review. An advisory committee related to planning for smallpox vaccinations has been formed. This committee is working quickly to

develop the protocols and procedures for a mass vaccination campaign.

The Department has requested approval for a personnel package, which creates more than 50 new positions for work related to emergency preparedness and response. Twenty-one of these positions will be located in the field to aid in local health department planning and response. An additional nine positions are to provide direct support and coordination activities for local health jurisdictions. We anticipate hiring for these positions in December of 2002.

Focus Area B

Surveillance and Epidemiology Capacity

Coordinator: Hans Messersmith

The Focus Area B funding will be used to assist local health departments in three major areas:

- **Increased epidemiology support:**
Nine field epidemiologists will be hired and placed in districts around the state. These epidemiologists will be directly responsible for assisting the counties in their district with all surveillance and disease investigation activities. This increased level of support should greatly improve state and local public health capacity. These epidemiologists will work closely with the district public health coordinators to improve local planning and preparedness for bioterrorist attack and other infectious disease outbreaks.
- **Enhanced reporting to and from LHDs:** As part of the Focus Area B activities, new systems will be developed to improve the speed and accuracy of reports of disease from the LHDs to the ISDH, and also improve the flow of useful analysis and interpretation of these reports back to the LHDs. This will be done through Web-based application development, geographic information systems (GIS), and other tools.



BIOTERRORISM RESPONSE DISTRICTS

- **Increased surveillance for outbreaks of infectious disease:**
The ISDH will develop systems of surveillance that will be used to detect infectious disease outbreaks prior to the actual diagnosis of a reportable disease. This will be done through the monitoring of multiple data sources, which may include emergency room data, pharmacy data, school absences, and nurse call line data.

Focus Area C
Laboratory Capacity – Biologic Agents

Coordinator: Tom Cronau

There are numerous direct and indirect benefits to the Local Health Departments (LHDs) from the proposed Focus Area C plans, which include but are not limited to the following:

Direct:

- 1) Improving and expanding laboratory support services for other pathogenic bacteria and viruses in addition to the Select Agent organisms.
- 2) Assessing the needs of LHDs and providing training in sample collection, submission, and transport to the ISDH Labs.
- 3) Providing a directory of the Level A capable labs in Indiana that is updated routinely and available electronically. It will list capability and capacity as well as contact information.
- 4) Providing financial assistance to LHDs to attend/host regional workshops/conferences related to laboratory issues as appropriate.

Indirect:

- 1) Assessing the needs and training Level A capable labs in the individual counties where the LHDs are located. Hopefully this will also establish improved working relationships between the local labs and the LHDs.
- 2) Assessing the needs and provide training to other first responders in the individual counties. Hopefully this will also establish improved working relationships between the other first responders and the LHDs.
- 3) Involving LHDs in simulated emergency exercises along with other first responders and local labs as appropriate.

(Focus Area D,
Laboratory Capacity – Chemical Agents,
is being funded in only five states.)

Focus Area E
Health Alert Network/Communications
and Information Technology

Coordinator: Joe Hunt

The key activities of this Focus Area related to local health departments are:

- To provide 24/7, high-speed, secure Internet connectivity to all local health departments (we must have 90 percent of the population covered by the end of August 2003).
- To provide redundant communications to all local health departments.
- To provide 24/7, high-speed, secure Internet connectivity to all hospitals and connectivity to local law enforcement and first responders to connect with local health departments.
- To update local health department computer systems, including the purchase of new computers and related software for local health departments.
- To support electronic data reporting by local health departments and other organizations.
- To support the Health Alert Network connectivity to all local health departments.

To accomplish these tasks, the ISDH has done the following:

- Completed an inventory of current local health department computers, communications, and Internet connectivity.
- Begun working with other state agencies to develop share connectivity to local government partners, including local health departments, to improve government communications and services.
- Begun developing an advisory group of local health departments and other local partners regarding EPICS-like connectivity among local partners.

Focus Area F
Risk Communication and
Health Information Dissemination

Coordinator: Margaret Joseph

The Focus Area F needs assessment has been completed, thanks to the cooperation of all 94 local health departments. This assessment, which used a CDC survey instrument, will be used in preparing Indiana's risk communication response plan.

We have scheduled two Risk Communication Training sessions early next year, which will each be available at IHETS downlink sites across the state. The two sessions, which will mirror each other, will be held on two Friday afternoons, February 7 and March 28. The guest presenter will be nationally known risk communication expert Vincent Covello, Ph.D.

We will be supplying each local health department with a Risk Communication Kit in late March. Each kit will contain: a copy of our risk communication plan; an Indiana Media Directory; a copy of The Media and You: A Basic Survival Guide, from the National Public Health Information Coalition; news release templates; information sheets on bioterrorism agents; and emergency calling lists.

After these kits are shipped to local health departments, our media relations staff will be making a personal visit to each local health department to meet with you in order to complete the training begun with the IHETS seminar and to help you deal with specific issues in your jurisdiction.

Focus Area G
Education and Training

Coordinator: Kathy Weaver

To ensure the delivery of appropriate education and training to key public health professionals and other health care providers for public health threats and emergencies, the following activities will be conducted:

- Assess the training needs of all local health departments and other health care providers groups;
- Develop specific curricula for nurses, physicians, attorneys to assist them in better serving their communities in times of public health threats;
- Expand the teaching scope of the Indiana University Department of Public Health, Master's in Public Health Program (MPH), by supporting a full-time epidemiology faculty position;
- Provide access to education and training through Web-based and satellite distance learning courses;
- Augment the opportunities for higher education study by supporting scholarships to the MPH program;
- Increase public health practitioners' staff development by supporting continuing education opportunities;
- Assure all education and training efforts are appropriate and effective by conducting on-going evaluation.